

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
10/049787

APPLICANT(S)

FILING DATE  
15 FEB 2002

*Niederedel*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51	/	
2							52	/	
3							53	/	
4							54	/	
5							55	/	
6							56	/	
7							57	/	
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.			14				TOTAL DEP.	18	
TOTAL CLAIMS			13				TOTAL CLAIMS	19	

BEST AVAILABLE COPY